



Animal Health, Food & Dairy Laboratory
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Olympia WA 98501-4079
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Culture Phone: (360) 586-3643
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SEROLOGY SPECIMEN SUBMISSION INFORMATION

(Please print or type)
For all tests **except** Brucellosis
(Bangs) and EIA (Coggins)

OFFICE USE ONLY

Accession No.

Date Specimen Received

Completed: Date/Signature

Veterinarian Name		Veterinarian ID Code
Clinic Address		
Clinic Address Continued		
Clinic City, State, Zip		
Clinic Phone	Clinic Fax	

Animal Owner Name
Animal Owner Address
Animal Owner Address Continued
Animal Owner City, State, Zip
Date Animal Bled
Specimen Collected By

Request results by: ☐ Phone ☐ Fax

Clinician Signature: _____

☐ Cattle ☐ Horse ☐ Sheep ☐ Swine ☐ Goat ☐ Alpaca ☐ Llama ☐ Bison ☐ Other

Export? ☐ Yes ☐ No

Destination: _____

Country or state

Submitter must call country/state of destination to determine
which tests and methodologies are required.

Tests Requested / Methodology

Comments

Sample Information						FOR LAB USE ONLY - Test Results			
Sample #	Specimen ID	Breed	Sex	Age					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

SEROLOGY SPECIMEN SUBMISSION INFORMATION (Continued)

OFFICE USE ONLY

Accession No.

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